

Dispatch Number of WC-

Date-

CHECKLIST FOR ISSUE OF PERMISSION FOR HEARING AID DEVICE

(The following format is for CGHS serving employees and pensioners based on OM No. S.11011/37/2019-EHS dated 01/12/2020. Similar format for checklist may be used by Departments/ Ministries/Autonomous bodies for their employees)

| SNo | Documents to be enclosed duly indexed and numbered | Page Number |
|-----|--|-------------|
| 1 | Request letter of CGHS serving / pensioner beneficiary duly forwarded by CMO I/C with despatch number of WC. | |
| 2 | Copy of plastic card of CGHS serving /pensioner beneficiary(ies) (card holder and dependent who need the machine)-duly verified by CMO I/C with stamp | |
| 3 | Computerized referral slip from WC duly signed by the CGHS doctor. | |
| 4 | Prescription from Govt./Empanelled HCO ENT Specialist carrying: (a) Pure Tone Audiometry (PTA) report along with diagnosis based on the report duly authenticated by ENT Specialist (b) Type of Hearing Aid (Digital BTE/Digital CIC) advised as treatment (c) Sign and stamp of Govt. /Empanelled HCO ENT Specialist with name | |
| 5 | PTA report in original carrying (a) PTA report along with diagnosis (b) Countersign and stamp of Govt. /Empanelled HCO Specialist with name | |
| 6 | Undertaking from the main card holder that no reimbursement of Hearing Aid device from CGHS, has been done in the last five years, in respect of himself/ his dependent in need of the Hearing Aid. | |
| 7 | If representative of pensioner beneficiary is being sent to the Office of Additional Director to collect the permission letter, then, the following are needed: 1. Authority letter from pensioner beneficiary in favour of the representative 2. Photocopy and original ID card of representative. 3. Original plastic card to be sent with representative | |

CGHS card is valid till _____ (dd/mm/yy) as per CGHS database.

The pensioner beneficiary has retired from Department _____ and whether Autonomous body or no _____ (Yes/No).

Contact number of pensioner beneficiary is _____, email ID: _____

Forwarded to Additional Director, CGHS Mumbai for necessary action.

Name of CMO I/C /Officiating CMO I/C _____

Wellness Centre _____

Signature and stamp of CMO I/C _____

****Please note- All information as required in the above checklist, needs to be filled mandatorily._____***